

LEONARD BLOOM & ASSOCIATES, LLC
502 Washington Avenue, Suite 220
Towson, Maryland 21204

DOCKET NO. 21430-PA

DECLARATION AND POWER OF ATTORNEY - ORIGINAL APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled A FORCEPS USED FOR THE SURGICAL REDUCTION OF FRACTURED FACIAL BONES, the specification of which

(check one) ☒ [x] is attached hereto,
☐ [] was filed on _____

as Application Serial No. _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
Italy	MC2001 A 000072	03 July 2001 (03/07/2001)	<input checked="" type="checkbox"/> [x] YES <input type="checkbox"/> [] NO
			<input type="checkbox"/> [] YES <input type="checkbox"/> [] NO

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)

POWER OF ATTORNEY: As a named Inventor, I hereby appoint the following attorney(s) to prosecute this application and transact all business in The Patent and Trademark Office connected therewith:

LEONARD BLOOM - Reg. No. 18,369
ROBERT M. GAMSON - Reg. No. 32,986

SAM ROSEN - Reg. No. 37,991
BENJAMIN J. GOLDFARB - Reg. No. 29,069

SEND CORRESPONDENCE TO: LEONARD BLOOM & ASSOCIATES, LLC, 502 Washington Avenue, Suite 220,
Towson, MD 21204; (410) 337-2295

201	FULL NAME OF INVENTOR	FAMILY NAME DI EMIDIO	FIRST GIVEN NAME PAOLO	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY 64010-CONTROGUERRA (TE)	STATE OR FOREIGN COUNTRY Italy	COUNTRY OF CITIZENSHIP Italy
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 64010-CONTROGUERRA (TE), Via Guglielmo Marconi, 36, Italy		
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
203	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
204	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
205	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		
206	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Paolo Di Emidio
 SIGNATURE OF INVENTOR 201
 DATE 17 December 2001

 SIGNATURE OF INVENTOR 202
 DATE _____

 SIGNATURE OF INVENTOR 203
 DATE _____

 SIGNATURE OF INVENTOR 204
 DATE _____

 SIGNATURE OF INVENTOR 205
 DATE _____

 SIGNATURE OF INVENTOR 206
 DATE _____